

EPI-NET REGISTRY of MEMBERSHIP	
Name: _____	
Primary Mailing Address: _____	
City: _____ State: _____ Zip: _____	
Office Phone: (_____) _____ Fax Number: (_____) _____	
Email Address: _____	
Place of Employment (check all that apply):	
<input type="checkbox"/> Academic (University) <input type="checkbox"/> Foundation/Institute/Center <input type="checkbox"/> Private Corporation	
<input type="checkbox"/> Federal Government (indicate agency) <input type="checkbox"/> For-Profit <input type="checkbox"/> Non-Profit	
<input type="checkbox"/> NIH <input type="checkbox"/> Veterans Affairs <input type="checkbox"/> DOD <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Other (please specify): _____	
Methodological and Content Areas of Expertise:	
<u>Methodological Expertise</u> (e.g., general, case-control, secondary analysis, genetics/biomarkers):	
Primary: _____ Secondary: _____	

<u>Content</u> (e.g., cerebrovascular disease, race/ethnicity):	
Primary: _____ Secondary: _____	

Areas of Participation (check all in which you are interested):	
<input type="checkbox"/> Communication Network <input type="checkbox"/> Workshops on Methods/Content Area	
<input type="checkbox"/> Consultation/Contract <input type="checkbox"/> Mentoring (uncompensated)	
<input type="checkbox"/> Short-term Contract (< 6 mo. commitment)	
<input type="checkbox"/> Long-term Contract (≥ 6 mo. Commitment)	
<input type="checkbox"/> Monograph Development	
<input type="checkbox"/> Methods (please specify): _____	
<input type="checkbox"/> Content (please specify): _____	
<input type="checkbox"/> Seminars on Methods/Content Area	
<input type="checkbox"/> Single Session	
<input type="checkbox"/> Multiple Sessions	
Membership Directory demographic data may be published: <input type="checkbox"/> Concur <input type="checkbox"/> Do Not Concur	

EPI-NET
VA Medical Center (152)
508 Fulton Street
Durham, NC 27705

Phone: 919-286-6936
Fax: 919-416-5839

Web Address: <http://hsrd.durham.med.va.gov/eric/>

For **EPI-NET** membership, return the following documents to **EPI-NET** via mail or fax:
① Completed Registry of Membership Form ② Signed Conflict of Interest Statement ③ Curriculum Vitae